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# SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

[Reported for the Boston Medical and Surgical Journal, by **David W. Cheever, M.D.**, one of the Visiting Surgeons.]

## Thirteenth Paper.—*Two successful Cases of Excision of the Head of the Femur for Morbus Coxarius.*

Case IV.—*Excision of the Hip. Recovery.*—(Service of Dr. Buckingham.) Feb. 12th, 1867. F. T., æt. 14, of scrofulous parentage, was healthy until last September, when he began to have pain and stiffness in left hip. Soon after, had an attack of fever lasting three weeks; was confined to his bed thirteen weeks, being much reduced, with night sweats and emaciation. During this time an abscess was opened below the trochanter major, and it has ever since discharged pus freely, with, occasionally, small fragments of bone. He has grown feeble, pale and thin. Appetite good. No cough. The thigh is held persistently flexed. The nates are flattened, and there is a good deal of swelling. Great pain on moving the limb.

He was put to bed; extension by weight applied, and the syrup of iodide of iron given.

Feb. 15th.—Unable to bear weight.

20th.—Discharge more profuse; patient more feverish and feeble.

24th.—A painful diarrhœa; treated by astringents and opiates.

March 1st.—Diarrhœa better. Less pain, but cannot bear extension. Lies with leg drawn up constantly.

5th.—More sallow and emaciated daily.

10th.—Is very weak.

13th.—Return of diarrhœa.

14th.—Extremely pale, thin and exhausted, with diarrhœa, hectic and suppuration. Appetite, however, good.

The patient was now so excessively reduced that it seemed an open question whether he would survive more than a few days. It appeared very doubtful whether it was expedient to interfere with the apparent course of this disease to a fatal result. Nothing could be done, unless by operation. Without interference, he was slowly sinking. After weighing well the probabilities of the course to be pursued, Dr. Buckingham determined to give him the benefit of the only doubt which presented itself, and, with his consent, to cut open the joint and remove the diseased bone, or so much of it as may be practicable.

*Operation.*—March 15th. After etherization, an incision, V-shaped, point downwards, was made over the joint. The muscles were dissected away from the great trochanter; the chain saw was passed beneath, and the femur sawn through just below the trochanter. The head of the bone was now seized with heavy clawed forceps, the muscles dissected back from the acetabulum, the capsule opened, and the head and neck of the femur removed. The ligamentum teres had disappeared, but the head was not dislocated. The head of the femur was extensively eroded. The acetabulum was carious, and a few loose pieces were removed. The hæmorrhage was slight; some small vessels were tied, and the wound filled with a sponge. Stimulants and morphine were given. After the operation, the pulse was 140, and very compressible. One hour later, pulse 150, and weaker. Ten drops of tincture of opium were given in milk.

In the afternoon, a Smith's anterior splint was applied, from the toes to the abdomen, keeping the leg quiet. At 6, P.M., pulse 150; sleeping. Milk punch was ordered, during night.

March 16th.—Pulse 140. Much irritative fever.

17th.—Pulse 140. One egg for breakfast. Sponge removed from wound.

19th.—Pulse same, but he looks better. Granulations appearing.

20th.—Odor less offensive. Pulse 140.

24th.—Wound measures four by five inches. It is filled with healthy granulations. General condition improving.

28th.—Wound contracting.

31st.—Appetite better. But little pain. Wound discharges healthy pus. Appearance of countenance better.

It was now, a fortnight since the operation, evident that he had rallied from the shock, and was going on favorably. Improvement was, necessarily, excessively slow, and could be measured only by months.

April.—The wound continued to close.

May.—He improved, but suffered much from bed-sores, being very emaciated.

June.—He was put into a basket, and taken out of doors daily—and from this time a very marked improvement began.

July.—He was encouraged to use a little passive motion of the legs, daily. The wound was closing; a fragment of carious bone was discharged.

August.—He steadily gained, until the 27th, when he was discharged; five months since the operation, and one year since the beginning of the disease.

At this time his condition was as follows:—Face round, fat and sun-burned. Appetite excellent. No hectic, nor sweats. Very slight discharge from wound of excision, which has nearly closed. Bed-sores healing. Has gained flesh. Both knees crippled by false anchylosis, owing to long flexion. Passive motion of them, however, is improving daily. Moving the hip gives no pain.

His ultimate recovery seems no matter of doubt. He was so near death at the time of the operation, that great fears were expressed whether he would survive it.

CASE V.—*Excision of the Hip. Recovery.*—(Service of Dr. CHEEVER.) Martha S., æt. 6 years, entered the hospital Feb. 23d, 1867, with the following history:—

Nearly a year before entrance, she complained of pain in the knee, followed after a time by pain in the hip, which increased to such extent that, in November, 1866, six or seven months after the first attack, she was no longer able to stand upon the affected limb, and was confined to bed most of the time. She had always had a feeble constitution, and at the time of admission was very delicate. Her mother had died of phthisis.

On entering the hospital, the right limb was continually adducted, the toes being inverted, and the slightest efforts at abduction giving pain. There was no appreciable shortening. Bowels constipated, and appetite variable.

Until March 1st, the patient remained in bed, with extension by a five-pound weight applied. ℞. Olei morrhuæ, ℥ ss. t. d.

March 1st.—Sayre's splint adjusted. Sat up three hours.

3d.—Extension in bed resumed, as it is more comfortable than the splint.

10th.—Continues comfortable. ℞. Elix. bark and iron, ʒ ij. t. d.

15th to May 7th.—Extension continued, without decided beneficial effects. Sayre's splint adjusted again May 7th.

20th.—Hip was so excessively tender that the splint was kept on only about a week. The joint seems more tender, and the deformity is increasing. The head of the femur is out of its socket, and the two contiguous surfaces are rough and denuded.

The question of performing the operation of excision of the head of the femur was now seriously considered. Three months of rest and extension had been productive of no benefit. Were it possible to hâve the patient treated by a long-continued expectant method, and under the best hygienic influences, the case might be fairly left to nature, and recover ultimately with anchylosis. On the other hand, the circumstances of the child's friends rendered it impossible for them to take care of her, and carry out treatment. Abscess, sinuses, and perhaps death, must be an early result of letting her walk round, and of neglect.

Under the circumstances, it was not deemed precipitate to operate, even though no evident abscess existed.

The operation was performed in the presence of many members of the Massachusetts Medical Society, June 4, 1867.

A V-shaped incision was made over the trochanter major, the apex pointing downwards. The head of the femur was found to be denuded over almost its entire surface, and the disease extended to the brim of the acetabulum. The head of the femur rested on the upper and outer lip of the acetabulum; and about two drachms of pus were found around the joint. The cup of the acetabulum was filled with fungous granulations, and not carious. The diseased portion of the ilium was left to exfoliate. The femur was sawed by means of a chain saw, below the trochanter major, and a piece removed an inch and a half long. The cancellous structure was found to be very soft. Some of the adjacent softened and degenerated tissues were removed, two ligatures were applied, and the wound left open. There was very little hæmorrhage. Patient was placed in bed, on her left side, without apparatus. Evening.—Pulse 140, regular. Very little pain.

June 5th.—Patient feels bright and playful. She takes milk freely. There is no vomiting, and no pain in wound. Patient altogether as comfortable as before operation.

6th.—Sleeps well at night. Cheerful during day. Pulse 140. Strength fair. Tongue furred and moist. Wound has commenced to suppurate.

9th.—Patient has had so little pain that only one or two opiates have been required since the operation. The wound is clean.

10th to 30th.—Continually improving.

30th.—Leg can be moved considerably without discomfort.

July 5th.—Sits up in a chair, and stands on sound limb. Is able to move about the bed. Wound 3 inches by ¾ inch.

10th.—Doing well. No soreness. Discharge very slight. Wound nearly closed.

20th.—Steadily improving. Creeps about the ward. Ulcerated surface 2 inches by ¾ inch.

30th.—Patient has some power of motion in the affected limb. Is beginning to walk on crutches.

Aug. 2d.—Very comfortable. Walks about the ward a little with crutches, and can bear considerable weight on the foot.

10th.—Improving. Wound nearly closed; very little discharge and no pain. Appetite good, functions regular, and spirits excellent.

15th.—Walks with crutches very smartly, bearing some weight on the right limb. Can stand without support. No pain on motion of leg. Wound nearly closed, and no dressings required.

25th.—Hops about ward without crutches. No pain.

Sept. 3d.—Patient can walk without crutches, but with a limp. Can nearly bear weight of body on affected limb. Health and strength improving. Wound almost closed. No pain or tenderness about hip. Shortening of right limb, one and a half inches. She was discharged; three months after operation.

These two cases were in striking contrast with each other. In the first, the disease had advanced to the limits of endurance, and the patient was hanging between life and death. In the second, the joint was excised before an abscess, of any magnitude, had formed. Both cases resulted favorably.

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## CASES OF IMPOTENCE AND OTHER AFFECTIONS OF THE MALE GENITAL APPARATUS TREATED BY GENERAL AND LOCALIZED ELECTRIZATION.

By George M. Beard, M.D., Lecturer on Nervous Diseases in the Medical Department of the University of New York, and A. D. Rockwell, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

That general electrization with the Faradaic current is a general tonic, just as localized electrization is a local tonic, we have endeavored to establish in our recently published treatise on "The Medical Use of Electricity." The cases therein recorded, however, are mainly the very ordinary neuralgic, dyspeptic, rheumatic and paralytic affections, and are manifestly a very imperfect exhibit of what can be accomplished by the tonic effects of electrization.

If once the fact be conceded that general electrization, when employed in the manner we have described, is a tonic, then the indications and limitations for its use at once suggest themselves, just as with the use of iron, quinine, strychnine, and all other remedies that we are accustomed to classify among the tonics.

The effects of general electrization are similar to those of ordinary tonic remedies administered internally, in the following particulars:—

1st. It strengthens the organs of assimilation and very markedly affects the secretion and excretion. The appetite increases in keenness and vigor; the bowels, if constipated, become more regular, and the sleep more refreshing; as a consequence, also, there is oftentimes an increase of the muscular development. The menstrual function is frequently made more active, or is renewed after it has been suspended. The quantity of urine voided is much increased, sometimes immediately after the beginning of the treatment. As a result of all this increased activity of the vital functions, the patient improves in capacity for endurance, and is able to use more violent and protracted exercise than before.

2d. It causes a temporary feeling of exhilaration, very much like that which is experienced after surf- or shower-bathing. Patients say that they feel at once refreshed, as though they had taken a brisk walk in the open air. This enlivenment of the sensation often lasts for hours. Sometimes, especially with nervous patients, a very agreeable drowsiness is experienced, that makes a couch or lounge very inviting. If sleep be at once indulged in on account of this, it is usually very quiet and refreshing.

3d. The reaction that follows a too severe or protracted general application of electricity is as great, even much greater in many instances, than that which results from an overdose of quinine, iron, strychnine, bathing, exercise, or of any other tonic remedy or influence. Indeed, there is no remedy in the effects of which there is so wide a range of susceptibility with different patients, as general electrization. The feeling of weakness and depression that ensues when the application has been too violent or too protracted for the constitution or condition of the patient is sometimes very unpleasant, and may alarm those who have not been properly forewarned that, at the outset of a course of treatment, they will probably experience it to a greater or less degree.

General electrization differs from other tonic remedies in these respects:—

1st. In many phases and types of diseases it often measurably or partially succeeds when internal medication fails. This advantage is most frequently observed in constitutional neuralgias, dysmenorrhœa, in the various manifestations of dyspepsia, in chorea and in anæmia. On the other hand, in some cases of epilepsy in very aged persons, however affected, it is sometimes even more inoperative than internal remedies.

2d. General as well as local electrization differs from internal tonics in that it has the power of causing absorption of exudation and infiltration. This is variously termed its " chemical, " catalytic," or corrective effects. It probably does this by virtue of its local tonic effects on the absorbents and diseased tissues. To secure this object it may be used in the active inflammatory stages of rheumatism, as well as in long-standing synovitis.

3d. General or localized electrization oftentimes has an immediate and temporary calmative effect on irritated nerves or organs. It sometimes relieves the pains of neuralgia, rheumatism and indigestion at once. The length of time that such relief endures varies with different cases and types of diseases. Although we had long ago recognized these essential features of electrization, yet our first essays in its employment for genital weakness were purely experimental. The experience of foreign observers in the use of localized electrization had not extended to the specific treatment of atony, flaccidity, urethral inflammation or impotence, but that may easily be accounted for by the fact that they do not, as a body, recognize the tonic effects of electrization as we employ it.

The following cases are typical of a number that we have been called upon to treat, and will fairly represent the indications for the use of electricity in affections of the male genital organs, and the varying results of the treatment.

CASE I.—Mr. B., an English gentleman, 40 years of age, was directed to us to be treated for a kind of neuralgia of the neck of the bladder. He was stout, finely formed, very muscular, and in all respects healthy, save the almost constant, but not very severe, feeling of pain and irritability proceeding from the neck of the bladder towards both thighs. He referred the difficulty to a bad attack of gonorrhœa a number of years previously, but there was no difficulty in voiding the urine, and examination with the sound revealed no stricture. As the patient was in most excellent health, we employed mostly partial applications with the Faradaic current, placing the positive pole above the pubes, or pressing it firmly against the perinæum, while the patient stood on a sheet of copper, to which was attached the negative pole. Sometimes we localized the current around the neck of the bladder as nearly as possible by placing one electrode against the prostate and pressing the other over the pubes. In this connection, we may state that we do not make applications directly to mucous membranes by means of sponges, wherever it is possible to send the current through those parts by pressing the electrodes against the surrounding skin. The reasons why we find this external method more effective are briefly these:—

1st. It allows of the use of a much stronger current than when either one of the electrodes is applied directly to the moist mucous membrane. It has been abundantly established by the researches of Eckhard that the tissues of the body are good conductors of electricity in proportion to the amount of salts they contain. The mucous membrane, whether of the ear, the eye, the nose, the throat, the vagina, the uterus or the urethra, is very liberally supplied with saline secretion as well as with sentient nerves, and consequently will not ordinarily bear a current of sufficient strength to accomplish the therapeutical purpose desired.

2d. Because the pain caused by the applications—the strength of the current and other conditions being the same—is in proportion to the conductibility and size of the electrodes. In other words, a small electrode causes greater pain than a larger one. Metal is more painful than sponge, and sponge is far less agreeable than the *moistened* hand. Now, it is obvious that the tip of an insulated electrode that can enter the urethral canal up to the neck of the bladder must be exceedingly small, and consequently must cause very great pain, even to faintness. The same is true, to a limited extent, of the mucous membrane of the ear, eye, pharynx, larynx, vagina and uterus. These statements any one can readily verify by experiments upon themselves.

For these reasons we ordinarily prefer to make the applications through and around rather than directly upon mucous membranes. For the same reasons we prefer the moistened hand of the operator to any artificial electrode, whether in localized, partial or general electrization. The vexed question, whether the current thus passing through the operator to the patient carries with it some of the operator's own magnetism, we leave to a larger experience and a more accurately developed science to determine.

To return to the case of Mr. B. The result of this treatment, so far as relieving the irritability of the neck of the bladder was concerned, was not satisfactory. The patient received but four or five applications, and becoming disheartened because a disease of fourteen years continuance did not yield in as many days, abandoned the treatment. He reported, however, immediately after the first application, that there was considerable increase of the sexual power, and that the quantity of fluid secreted was greater than usual. He remarked the same at each succeeding application, although the electrodes were not applied directly to the testes. Other patients upon whom we have employed general electrization for various affections have made substantially the same confession. Therefore we seem to be justified in inferring that the same effects are experienced and realized by many who do not care to acknowledge it.

Case II.—Mr. W., æt. 38, of medium height and very spare, came to us in October, 1866, desiring to test the power of electrization for a chronic irritability of the bladder that had harassed him at intervals for several years. The amount of pain was not great, but there were perpetually recurring attacks of uneasiness in that locality, and sometimes after standing many hours (he was a bookkeeper) there was a sense of weight and heaviness that kept him in a disagreeable state of consciousness of the existence of his genital system. His general health was only fair, and we decided to make the applications general. Accordingly, he placed his feet on the sheet of copper to which the negative pole was attached, while the moistened hand was applied over the body from the head to the feet. The immediate effect was to subdue the local irritation and exhilarate the entire system, so that the patient left the office in excellent spirits. He returned again in three weeks, and reported that there had been some recurrence of the difficulty, but that, on the whole, he had felt better. The sexual appetite and power had been so much increased as to excite his wonderment. He continued to visit us from time to time for a number of weeks, with a repetition of the same effects, viz., relief of the irritation and increase of sexual power. In this case, we sometimes applied the sponge directly against the scrotum.

Case III.—Mr. N., a merchant in the prime of life, and to all appearances enjoying excellent health, consulted us for inability to perform satisfactorily the act of coition. This inability did not involve an absence of sexual desire, but simply a want of power to obtain and retain an erection. This gentleman had a family of several children, and since his marriage, many years before, had led, according to his statement, a correct and regular life. He attributed this premature decline to early excessive indulgence and abuse of the generative function. His outward appearance belied his general condition, for he suffered much from headache, and oftentimes, on rising in the morning, from considerable enervation.

General electrization was decided upon and given, together with local applications. He continued treatment for three weeks, receiving an application every other day. The result was entirely satisfactory. His general condition was so much improved and the vigor of his sexual organs was so much increased, that he was enabled to complete the marital act as satisfactorily as in his youth.

Case IV. was a pure experiment. Mr. ——, aged 44, was sent by Dr. Jerome Smith to be treated for impotence of nearly twenty years' standing. When but 17 years old, he contracted gonorrhœa, and at the age of 25 was attacked by syphilis. At that time he led a very dissipated life, and no sooner was an attack of this disease apparently cured than he forthwith subjected himself to another. During the last attack, the solid caustic had been introduced into the urethra. This cauterization produced excessive inflammation and pain, and was followed by complete impotence, associated with a feeling of numbness and coldness in the penis. He had tested nearly all remedies, and at one time, by the advice of Dr. Brown-Séquard, he had used hot and cold douches, but all without avail. When he came to us the penis was quite cold, and much below the natural size. Erection was occasionally possible, but he was never able to accomplish the marital act. The testes were of an almost natural size, and when the penis was artificially excited, a small amount of semen would appear. The penis was apparently paralyzed, and the impotence was manifestly due to that more than to the want of seminal secretion. The patient was a stout, hardy, vigorous man, of a full habit, and quite a free liver, and neither in his countenance nor in his general bearing betrayed the slightest effects or even consciousness of his affliction.

Four partial applications of the Faradaic current were given, with the effect of temporarily increasing the warmth of the penis, and nothing more. The galvanic stream from a pole of seventy-five pairs was then tried. It increased the circulation in the penis, and consequently heightened the temperature more than the Faradaic current, but no permanent benefit resulted. Our patient then discontinued the treatment, owing to the pressure of his business engagements. He would have persevered, however, if we had felt warranted in holding out reasonable chances of a successful result from a long course of electrization.

Case V.—A medical gentleman of our acquaintance was cured of an acute attack of gonorrhœa with a rapidity which astonished both himself and us. He had on several different occasions been so unfortunate as to take the disease, and when this last attack occurred, he discarded the copaiba by the aid of which he had been accustomed to abort the disease, and instead employed injections of chlorate of potash. The inflammation seemed to be aggravated by this treatment, and he finally came to us and requested that electrization might be tried. He was complaining of severe inflammatory symptoms, and the passage of his water was attended with a scalding pain of unusual severity. We told him that we had never used electrization for acute inflammation of the urethra, but that we would attempt his case as a pure experiment. With this understanding, we gave him a local application through the neck of the bladder and the penis. He was immediately relieved of the severe burning sensation, and on returning home he passed a very large amount of fluid. The day following he received another similar application, with the result of at once quieting the irritation, and again on his return home he passed a large quantity of secretion. Four applications in all were given, when the gentleman announced that he was perfectly cured.

In this connection, it may be well to state that the commonly received idea that electrization is contra-indicated in inflammations is not sustained by our experience. On the contrary, we have found that many forms of acute and subacute as well as chronic inflammations are particularly amenable to general as well as localized electrization, especially when the applications are made with a *fine descending current.*

## FOOD FOR BABIES.

[From an interesting article on "Food for Babies," published in the London *Medical Times and Gazette*, we make the following extracts.—Editors.]

Of milk, we have that of the ass, goat, and cow. Asses' milk is by general consent the best substitute for the woman's for most delicate children; and, dear as it is, it is well worth the money. The goat's is a rich milk, with a strong curd, and only adapted for robust children. The milk of the cow is, of course, the staple. And whilst for general purposes it is quite right that milk should be brought from any distant part of the country, it must be confessed that a few cows should be kept in town in hot weather, that their milk may reach the baby part of the population fresh, unshaken, and just as yielded by the animal. But cows' milk is too rich in curd for the human baby, whose muscular movements are almost confined to breathing, crying, and the heart's action. So it must be thinned, and the simplest way is the common one of adding an equal part of water (the water being gradually diminished as the child grows older) and a small quantity of white sugar. It is a refinement to use the sugar of milk, instead of common cane sugar, but whether there is anything gained we never could satisfy ourselves.

The test of any kind of baby's food is found in the fact that the child thrives—that it is satisfied after its meals, not subject to fits of pain in the stomach and flatulence, nor yet to fits of colic in the bowels—and that the residuum, which is generally produced upon a napkin for inspection, does not show undigested food. All these things are self-evident. A child ought regularly to grow, to be plump, and to gain in weight every week, and if it do not, something is wrong. Secondly, the child ought to be satisfied and go to sleep after its food; but here the junior practitioner ought to be aware of one physiological fact—when a child is in pain in the abdominal organs, it often displays insatiable hunger, has a tendency to suck greedily, and this though the stomach and bowels may be loaded with undigested food. Ignorant nurses kill many a child by inattention to this point. The child cries after food; therefore they say the food is not good enough, "the milk does not satisfy," &c., and forthwith they give the child some half-solid pap, and dose the mother with over-rich food and alcohol. A purgative dose of oil is the best remedy when a baby is unreasonably hungry after food; castor oil is generally used, but any oil or soft fat will answer the purpose. The old custom of giving a bit of the fat of pig is founded on reason and experience. Lastly, the practical fact remains that no undigested food ought to be found in a baby's napkin. Any mother may be taught that lumps of curd and masses of undigested starch can give the child no nourishment, but decompose in the bowels, and cause first pain, next diarrhœa. A healthy baby's napkin should not be offensive—of course, it has a faint peculiar odor, but certainly it does not stink, and if it do, either improper food has been given, or proper food has not been digested.

In other cases, in order to diminish the proportion of curd, it is useful to give *cream* diluted with new milk and water; and, to prevent the curd of cows' milk from coalescing into hard lumps in the stomach and passing undigested, the milk may not only be diluted with water, but with effervescing soda-water (this is called artificial asses' milk) or potass-water or lime-water. Sometimes a very little of the solution of magnesia is added.

But this purpose (*i. e.*, the making the curd softer and more digestible) is generally effected by mixing it with cereal food or the starches. Theoretically speaking, we do not want the nitrogenous elements of the cereals, because the cow's milk contains enough of them. Hence, arrowroot or sago may suffice, if it be understood that the child is to live upon the milk, and that these starchy elements are superadded to modify the milk, and not to be substitutes for it. Still, general experience is in favor of some cereal. Barley-water made from pearl barley, and mixed with an equal part of milk, is an admirable food for most children. Robinson's patent barley deserves praise. Oatmeal gruel and milk agrees well with the robust. Brown and Polson's preparation of maize, and the maizena, seem favorite preparations. On the whole, however, wheat tends to displace the other cereals. The flour of wheat is often baked or boiled, and when so cooked is boiled afresh with water and milk. Or it is made into biscuits, of which Robb's, Lemann's, the Norwich knobs, "tops and bottoms," and rusks, are popular samples; or into a farinaceous food—that is, a powder composed of wheat flour or biscuit, with or without admixture of other cereals, and already acted on by heat, so as to require little or no cooking (Hard's, Neave's, &c. &c.).

This is the place to notice "Liebig's soup," a compound of milk, wheaten flour, and malt, with a small quantity of bicarbonate of potass. The object of the malt is to convert the starch of the wheat into sugar, and so to save the stomach the trouble of that process; whilst the cow's milk is enriched with the phosphates of the wheat and the added alkali. The thanks of society at large are due to Liebig, not only for the care and patience with which he has worked this idea out, and the liberality with which he published it, but likewise for the impetus which it has given to the study of the whole subject of infant food in connection with mortality.

The original recipe prescribes ½ ounce of wheaten flour, ½ ounce of ground malt, and 7¼ grains of bicarbonate of potash, to be well mixed with 1 ounce of water; then 5 ounces of cows' milk are added, the whole is heated gently till it thickens; then it is removed from the fire, stirred till the starch is converted into sugar, as indicated by the liquid becoming thin, again boiled and stirred for some minutes, and lastly strained. For use, this requires to be much diluted for young babies, less for older ones. * * * *

As for results. We believe that of any six infants one would refuse to swallow it; one would take it without benefit; but that the remaining two thirds would take it greedily and thrive on it. We have known it put a stop to so many of the miseries arising from undigested or indigestible food, that it has, we think, already earned for itself a permanent place. What form of it will ultimately be the favorite is another question.

The objections to Liebig's food in its common form are, first, the time, trouble and nicety—it cannot be prepared in less than twenty minutes, and not every nursemaid or mother has the intelligence sufficient. Secondly, there is the considerable amount of indigestible husk, often very difficult to separate by straining, and consisting of spicula that look very formidable to any tender mucous membrane. Thirdly, as a theoretical objection, we mention its too saccharine nature and the absence of fat.

The first objection has been met by Savory and Moore, who have put together and prepared the ingredients in such a way that they only need the addition of water and milk, and no straining nor boiling. Mr. Mellin's preparation, if it can be got, of course avoids all trouble of cooking; and we may say that the malt he uses is most scrupulously cleansed from husk. There is also to be procured at Mr. Van Abbott's a preparation called "Liebig's Food for Infants concentrated," the invention of Mr. Ed. Lœflund, chemist, of Stuttgart;

it is a thick syrup, containing a concentrated solution of the wheat and malt elements. It has, when mixed with milk in due proportion, a sweet, somewhat empyreumatic, bitter taste, and this is the general character of the food, however prepared; but there is a distinct acid treacly reaction in Mr. Lœflund's syrup. Mr. Mellin has made an extract in the form of granular powder, soluble in cold water, very palatable, free from acidity, and much more portable than Lœflund's syrup. Lastly, we must notice the very ingenious malt biscuits made by Spiking, of Dover Street; these contain the malt and wheaten flour in the form of a biscuit; of course they are portable, and keep any time, and require no more cooking than Robb's or any other nursery biscuit.

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We have now, we trust, set forth a pretty general view of infants' food, and shall add but three or four practical hints:—1. The advantage of adding cream from time to time, especially if the baby is constipated. Want of fat is the cardinal defect in Liebig's soup. 2. The expediency of adding a small quantity of some aromatic water to all infants' food, such as dill, anise, &c. There is a very popular food in some counties, consisting of equal parts of barley-water and milk, with one teaspoonful of good brandy to the pint. Bad for the babies' livers, some would say; but no harm is found in practice. 3. The expediency of giving delicate children small quantities of pure gravy or beef-tea sweetened, or a few grains of raw meat ground to a pulp. If these agree, a child is almost safe. 4. No one kind of food can agree with all children. It has provoked us to see children dying on a diet which did not suit them, without an effort to shift and combine various elements till the right thing could be found. 5. The importance of teaching the poor that food for babies should be *thin*, and that a thin food may be more nutritious than a thick one.

## Massachusetts General Hospital.

[Surgical Operations for the week ending November 2d. Reported by C. B. Porter, M.D., Surgeon to Out-patients.]

1. *Dislocation of the Humerus into the Axilla.* By Dr. H. J. Bigelow. Patient aged 20. Duration, three hours. Reduced by extending it vertically upwards. Dr. Bigelow called attention to an undescribed advantage in this method, the acromion serving as a fulcrum by which the head of the bone is pryed out of the axilla.

2. *Bullet removed from the Arm.* By Dr. R. M. Hodges.—Patient aged 24 years. Injury was received during a riot on the 4th of July last, the ball entering about the centre of the pectoralis major and passing outwards towards the shoulder. Unsuccessful search for it had been made previous to his entering the hospital. *Operation.*—The patient being etherized and examined, a probe, introduced at the wound of entrance, passed readily through the axilla and down the arm. An

indurated spot was found about the middle of the inside of the arm, which he had complained of as being very tender. On making an incision through the integuments and soft parts, the bullet was found deeply imbedded in the inner portion of the triceps and extracted.

3. *Perineal Section.* By Dr. R. M. Hodges. Patient, one year previous, received an injury in the perineal region, followed by extensive ecchymosis. He had no serious symptoms, however, at that time, nor until four months afterwards, when he had numerous fistulæ form in the perinæum and scrotum, from which urine escaped. The urethra, however, admitted a No. 7 catheter. No connection between the urethra and the fistulæ could be found until after etherization, when, upon laying open some of the smaller sinuses, a large communication was found, and perineal section performed. A large catheter was introduced into the bladder and left *in situ*.

4. *Amputation of Arm and Forearm.* By Dr. Geo. H. Gay.—Patient aged 23. Amputation for severe lacerated wounds. That of the arm just above the condyles of the humerus, and of the forearm just below the insertion of the biceps into the radius.

5. *Perineal Section.* By Dr. Geo. H. Gay.—Patient had had stricture for fifteen years, and five days before entrance to hospital, retention of urine. There was a large swelling in the perinæum surrounding the penis and extending up to within two inches of the glans, involving the scrotum, which was large and œdematous. Numerous unsuccessful attempts to introduce the catheter had been made before entrance to hospital. *Operation.*—The scrotum being raised and a sound introduced into the urethra as far as the stricture, an incision, three inches in length, was made from the base of the scrotum backwards upon the median line. On cutting a little deeper, a large abscess was opened, running up along side the penis the length of the finger and backward, terminating just anterior to the rectum. On cutting down upon the sound, the soft parts were found largely dissected up by the burrowing of the pus, and their normal relations entirely obliterated. The urethra was pushed to one side by the abscess and excessively lacerated by the attempts to introduce the catheter. The orifice of the urethra was with difficulty found among the numerous false passages, and only by the aid of a stream of urine forced out by pressure upon the bladder. A large catheter was introduced and left. One small vessel ligatured.

6. *Ear-ring Tumors.* By Dr. H. J. Bigelow.—Patient, a young lady, aged 16 years. Tumors of two years' growth. There were two tumors of the size of a filbert on the lobe of the left ear—the one on the anterior and the other on the posterior surface, corresponding with the ring orifices, not tender, hard, and inelastic. On the right ear there were two, in similar position, though quite small, about the size of a buck-shot. The largest one, on the anterior surface of the left lobe, was excised. Dr. Bigelow had delayed the operation in this case, knowing the great tendency of these tumors to recur rapidly after excision, and hoping that their growth would be spontaneously arrested. He now excised only one, which was rapidly encroaching upon the lobe, believing that if it were possible to defer further operation until the patient was considerably older, the tendency to recur would be

much less. He pointed out the analogy between this fibroid structure and that occurring in the keloid-like tumors of cicatrices in young people, which return when excised, but subside spontaneously when left to themselves.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 7, 1867.

## DEGREE OF CERTAINTY OF MEDICINE IN THE NINETEETH CENTURY.

M. Dubois, of Amiens, is contributing to the *Union Médicale* a series of articles on the "Degree of Certainty of Medicine in the 19th Century." We translate a portion of his introduction.

After stating that the system of Broussais rested upon a gratuitous hypothesis—that of *irritation*—M. Dubois proceeds as follows:—It is well known how Broussais defined his principle of irritation; how he gave its seat almost always in the gastro-intestinal apparatus. The other points of irritation being only secondary, he connected them with the initial principle, and thus chained and grouped together facts the most diverse—such as inflammations of the encephalon, hæmorrhages, alterations of the bile, dropsies, essential fevers so called, neuroses—all diseases, in fine, which, according to him, had for their point of departure gastro-enteritis, and which were connected with it—by what bonds of system, Heaven knows.

So much for the *science*. As regards the *art*, Broussais believed himself to have no less fulfilled the requirements of Cabanis, whose dictum was that the art of healing should, after all, rest upon a deduction from scientific data. Cabanis thought that therapeutic prescriptions ought to be founded upon general rules as simple as the principles of science; to that point, said he, that it would be no longer necessary that talent should incessantly put itself in the place of the art. The art, indeed, should always have the direction of talent, develop it, sometimes even stand in its stead. In this manner, persons of moderate ability would do with facility what eminent minds find it difficult to do, since the practice of medicine divested of the aid of all outside talent would be reduced to simple, distinct, and methodical indications.

Here Broussais triumphed. What more simple, indeed, and more methodical than indications founded upon the assumption that everything in pathology is derived from one point of irritation; that all morbid manifestations are but diverse forms of it, presenting no other differences than those dependent on functional disturbances, and the localization of the lesion? Thus thought Broussais; and his ardent followers believed him upon his *ipse dixit*. Read the "Treatises on Pathology" written in his time, and under his influence, and it will be seen that therapeutics had become the easiest thing in the world to understand and practise; that, since all diseases were regarded as derived from one principle of irritation, the same formula incessantly came up—i. e., general or local bloodletting. It is with difficulty and by tasking the recollection, that a few disorders called asthenic can be cited, which claimed an opposite treatment. The wish of Cabanis seemed, then, to be in all respects realized. It was no longer necessary to have great talent, nor even to have talent, in order to practise medicine; the art thus understood and reduced to rule was in a position to take the place of it. But, these reminiscences belong to time long past. This doctrine, to which the author gave the name of *physiological*, instead of procuring for medicine an advanced degree of certainty, accomplished, as science, only the substitution of new hypotheses in place of those which were then in vogue; and, as art, it brought about the most unfortunate results. Its popularity, however, lasted but for a moment, since it was at bottom only an affair of opposition. Free instruction was made, as it were, a banner under which to attack official instruction. * * * But when himself clothed in the professorial toga, Broussais in his turn took the chair he had so long menaced, he found around him only solitude and silence.

We may assume, that since that epoch no serious attempt has been made with a view to system-making in medicine. Writers have not gone beyond the classification of facts. But, as we shall presently see, those facts have been better appreciated and better described than formerly, a basis being thus obtained for subsequent labors. We will add that remarkable progress has been made in the art of investigating pathological phenomena—that is to say, in *diagnosis* which appertains both to the science and the art. Whether one aspires to dogmatism, or relies on empiricism, it is in all cases requisite that the diagnosis should come in, and tell us with what disease we are dealing. Another step in advance has been accomplished, and one to which we shall often have occasion to revert. It is a negative improvement, if you will, but is preparatory to others which are positive. We have disencumbered the science of all the theories which have too long been its *impediments*. We confine ourselves to gaining a knowledge of material phenomena—that is to say, of organic lesions—and the interpretation of the symptoms which result from them; and that, too, without attempting to penetrate their nature or essence. We have learned that there are spheres into which we cannot enter. The science, thus understood, does not exclude the art, but reforms it. Therapeutics is not inspired by conjectures and reasonings on the essential nature of diseases, but by experience. It knows that this or that remedy has been found good in such or such cases, and it stops there.

We have, then, as I have said, limited ourselves to classifications and a few partial theories. There are some, it is true, who amuse themselves with inventing nomenclatures, but who, as may be well supposed, have not in so doing served the cause of science. Classifications, however, without being the last word in science, are, at least, on the road towards systematization, and, at all events, cannot be dispensed with. We ourselves, in the rapid inventory we are about to make of the present state of our knowledge, from the standpoint of its exactness, shall pass successively from one point of morbid action to another.

It is needless to say that our estimate of the comparative certainty of medicine does not bear upon the science of diseases, but upon the art of curing them. I have already made the remark that the sciences, in themselves, are more or less *advanced;* but that they are none the less *exact*, however narrow their domain. Without going beyond medical science, let us take anatomy, physiology, pathology; there we have ideas which cannot be called in question; some resulting from the condition of organs healthy or diseased, others from the observation of phenomena or symptoms; ideas which are more or less numerous and more or less complete, but all positive and incontestable. As regards the art, it is quite different. Here there are no organs to describe, or functions to discover; but, inductions to form, estimates to establish, judgments to pass. Thence proceeding to conjectures more or less probable, and consequently to the appreciation of varying degrees of certainty, we perceive that progress in science does not always imply correlative progress in the art of curing. Thus, a disease which had remained completely inexplicable in its causes and effects, has, thanks to new and fortunate investigations, had its history cleared up, while its symptoms have been explained by the anatomical lesions. Shall we infer that the art of curing it has advanced *pari passu*, and has attained the highest degree of certainty? Alas! the reverse is sometimes true. The certainty which was thought to have been reached has vanished, new light thrown upon the nature of the disease having shown that it is beyond the resources of art. * * * *

After this sketch of what has been called *rational empiricism*, M. Dubois goes on to say that in subsequent articles he shall take up the principal classes of diseases, and after having indicated briefly the state of science as relates to each of them, he shall speak of the improvements which have been made in the art of treating them.

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*Rupture of the Uterus.*—We translate and condense the following item from the *Feuilleton* contributed by Dr. Chereau to the *Union Médicale*:—

The case, perhaps unique in the annals of science, occurred in the practice of Dr. Trossat, a country physician of great energy and ability in the Department of *Sâone-et-Loire*, France.

In 1862, a woman, aged 32, mother of six children, was taken with her seventh labor. For a time all went well; the bag of waters was properly formed; the cervix uteri was dilated normally, but bye and bye the funis presented, and when the membranes gave way, it emerged from the vulva. Dr. Trossat, "after having tried in vain to push back this unlucky funis, wisely avoided untimely manœuvres, and advised waiting." The bearing-down pains "continued with excessive violence for an hour and a half," at the end of which space of time, the patient felt, as it were, a "cracking" in the abdomen, fainted, became terribly pale, and was pulseless. The abdomen was found, as it were, bi-lobed, presenting, midway, a very marked depression. The doctor, passing up his right hand into the abdominal cavity, reached the left foot, which he drew down, and held in place by a string. Traction upon this string effected nothing. The uterus was largely ruptured on the left side of its fundus. The fœtus having escaped almost entirely into the peritoneal cavity, was situated, so to speak, astride of one of the borders of the laceration. The other foot was now grasped by the hand, passed through the rupture, the two lower extremities were drawn down together, a finger was hooked into the mouth, and the child extracted. Delivery was completed with the greatest facility. But the difficulties of the case did not end here. "A flood of intestines" descended through the lacerated womb, emerged from the vulva, and lay between the thighs of the patient. Four times the bowels were replaced in the abdomen, and four times they issued forth again. Finally, the woman was placed in an inclined position, with the head down and the pelvis elevated After this manœuvre, the intestine remained in place. It is not mentioned that the child was dead, but, we presume, *ça va sans dire*.

As might be expected, there set in a frightful peritonitis, which lasted more than five weeks. The patient, notwithstanding, recovered completely. At the end of sixteen or eighteen months the menses returned; and four years after, in a natural labor, the woman was delivered of a child, which she nursed.

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*Massachusetts Medical College.*—The introductory address by Dr. O. W. Holmes, at the Medical College, yesterday, was listened to by as large an audience as could be crowded into the lecture room. Among the invited guests were distinguished men of various professions.

The discourse was replete with wisdom and learning; with literary and scientific reference, and illumined with bursts of wit so unexpected and sudden as to electrify.

The main topic of the discourse was Medical Teaching—as it was, as it is, and as it should be. Medical teaching *as it was*, Dr. H. illustrated by a fanciful description of Dr. Giles Furmin (of the time of the Apostle Eliot), followed by his pupil "Luke" on his rounds in the town of Ipswich. The colloquies, given in the quaint language of "ye olden time," were equal to any of the old style dialogues of Thackeray,

Medical teaching *as it should be*, was illustrated by a most feeling sketch of the revered James Jackson.

The "one-man system of teaching" of former days had such marked advantages in some respects over the method of medical instruction *as it is*, that Dr. Holmes felt called upon to say something in defence of the present way of doing things.

Lectures he approved of as adjuncts to bedside teaching, but he would rather shorten than lengthen their present terms. You must learn much that is not directly useful in medicine in order to get hold of and retain what is directly useful. Thus facts must be collected in groups—arranged in systems, and then they have become science. Function is best studied in connection with structure; pathology side by side with physiology, &c. But lecturer and student should avoid giving to the investigation of merely curious phenomena, time which belongs to points bearing on his future fitness to be a healer of the sick.

He would have the student's attention called to such questions as these:—Why is consumption constantly carrying off such crowds of victims, and what is to be done about it? Why did 1700 babies die in Boston last summer? Why has the vitalizing force in females deteriorated in this region? And, why should a woman with vital force equivalent to "one-baby power" be expected to do as much child-bearing as a woman "of twenty-baby power"?

Homœopathy came up in the course of remark, and got *encysted*, in which condition, said the Doctor, it is carried easily on the body medical, like an old wen.

In the concluding passages, which were a sketch of Dr. James Jackson as the model physician, Dr. Holmes declared that though he had followed many noted foreign practitioners, British and French, he could not recall one who at the bedside was quite the equal of Dr. Jackson.

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*Prof. Simpson on Public Hygiene.*—We quote from a letter by "Carleton," the distinguished correspondent of the Boston *Morning Journal*, a description of

Prof. Simpson, of Edinburgh, and of a popular lecture lately delivered by him in Belfast, Ireland.

Among the distinguished men present at the Social Science Congress is Sir James Y. Simpson of Edinburgh, the discoverer of chloroform, or rather the first who used it to produce insensibility to pain. He is President of the Department of Health; a short, chubby man, broad shoulders, long hair, turned to iron gray with advancing years; a mild blue eye, and a face full of smiles. The very sight of him must be sufficient to drive away the "blues." A physician with such a countenance, so warm, sunny, so full of good humor, cannot need much medicine for his patients. His countenance is a cordial in itself. He gave a "a talk"—not an address—but familiar remarks to an immense audience day before yesterday. Every inch of standing room in a large church was occupied. His subject was health and how to promote it. He had plain words for mothers who send their children to the grave by exposing arms and legs, while other parts of the body are warmly dressed. Mothers commit child murder, and then wonder how God could be so unkind as to take away their darlings. They not only murder their children, but commit suicide themselves by exposing their own necks to the cold air. It was a puzzle which he could not understand that women should cut off the top of their dresses and appear with bare bosoms in refined society, with that part of the dress which should protect the heart and lungs and vital organs trailing in the mud!

The excellent doctor let his arrows fly right and left. Alluding to the discovery of vaccination by Jenner and the incalculable advantage to the human race which had resulted from that discovery, he said that had Jenner been a general and had slaughtered one hundred thousand men, he would have been made a duke, but as it was he was only remembered as Dr. Jenner!

His remarks on the management of hospitals and nursing were plain, practical and full of common sense. He advocates the breaking up of all large hospitals and the building of cottages in the country; light, fresh air, perfect drainage, sunshine, good nursing, are his main remedies. In large hospitals the multiplication of disease tended to promote disease. Ten fever patients contaminated the air ten times more than one. It had fallen under his observation that the introduction of a patient afflicted with cancer had aggravated the disease of nearly all the patients in the hospital. Public bathing houses, public retiring rooms, in all large towns—better sewerage, and the utilization of sewarage, were questions which the public must grapple with. France is far ahead of England and America in establishing public bath houses and public closets. Boston has already set up its bathing rooms for the people. Why cannot the Government lead off in another matter equally conducive to the public health? There is no city in the United States that has so large a suburban population. Thousands visit the city every day—ladies and gentlemen—for business or pleasure, who return to their homes at night weary and worn, suffering pain and exhaustion, because there are no convenient retiring rooms. Hotel proprietors do not care to have their halls public thoroughfares, and the public have no right to use them as such. In Paris private individuals have established closets for the public, for the use of which a small fee is charged. But to promote public health the city should take charge of the matter, and keep such rooms in order at the public expesne. These suggestions of one of the ablest medical men living were received with loud applause, and they are worthy of the careful consideration of every Mayor, Alderman and Common Councilman in the United States who has to do with the public health.

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*Extract from a Paper on the Treatment of Incised Wounds, &c.* By JAMES SYME, F.R.S.E., &c. &c.—In cases of bruise, fracture, dislocation, and even operations of tenotomy, large quantities of blood are frequently effused more or less deeply under the integuments without causing any bad effect, and quickly disappear by means of absorption. How, then, does it happen that blood collected in the cavity of a wound should be productive of so much mischief? It can only do so, as Mr. Lister has shown, through the decomposing influence of atmospheric air, loaded with its myriads of organic atoms, and, therefore, if protected from this agency, would be no more hurtful than in the circumstances just mentioned. He has accordingly found, as stated in the preceding numbers of this journal, that wounds of the most formidable character may be divested of all their alarming features by means of carbolic acid, applied so as to prevent the impure air from entering.

This remarkable fact has led me to consider the expediency of resorting more frequently than heretofore to the use of "torsion" for the suppression of hæmorrhage. Ever since this measure was proposed by the late M. Amussat I have employed it in wounds of the cheek and lips, and also occasionally in more serious operations, to let my pupils see that is was quite effectual, but have been prevented from adopting it for general use, by fearing that the absence of ligatures, which serve as conductors of the discharge, would increase the risk of blood or serum being pent up in the cavity. Feeling now happily relieved from any apprehension of evil being thus produced, I think "torsion" may in many, if not in all cases, be employed with advantage, instead of the ligature. In order to perform the process effectually, it is necessary that the artery should be seized by catch-forceps, and twisted until they become loose. It has been alleged that such a liberty with the vessel must cause it to slough, and thus disturb the adhesive action. But as this objection is altogether theoretical and contradicted by experience, it is unworthy of notice. Dr. Syme concludes:—

1st. That torsion effectually restrains the hæmorrhage of ordinary-sized arteries.
2d. That its action upon them does not prevent union by the first intention.
3d. That protection from the air prevents decomposition of the blood.

*London Lancet.*

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We would call attention to the notice, in our advertising columns, of a medical prize which is offered for the competition of the profession.

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## VITAL STATISTICS OF BOSTON.

### For the Week ending Saturday, November 2d, 1867.

### DEATHS.

| | *Males.* | *Females.* | *Total.* |
|---|---|---|---|
| Deaths during the week - - - - - - - - - | 44 | 42 | 86 |
| Ave. mortality of corresponding weeks for ten years, 1856—1866 | 37.4 | 37.8 | 75.2 |
| Average corrected to increased population - - - - - | 00 | 00 | 83.00 |
| Deaths of persons above 90 - - - - - - - - - | 1 | 1 | 2 |

Notice.—The individual who took from the office of this Journal Dalton's Physiology before the Editors had an opportunity of examining it, is requested to return it at his earliest convenience.

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Communications Received.—On some Improvements in the Treatment of Obstinate Organic Stricture of the Urethra and Urinary Fistulæ.—Recorded Cases of Vaccination.—Acute Inflammation of Psoas Magnus Muscle.—The Charities of France.—Proceedings at the Fifty-third Annual Session of the Vermont Medical Society.—Remarks on Successful Vaccination.—A Case of Retention of Urine from a Calculus impacted at the Meatus.

List of Books and Pamphlets, next week.

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Married,—In this city, 29th ult., Frank S. Abbott, M.D., of Norwich, Conn., to Miss Ellen L. Fairbanks, of Boston.—At Cambridge, 30th ult., George E. Woodbury, M.D., of Methuen, to Miss Harriette E. Reed, of C.—At Concord, N. H., Gilman Colby, M.D., to Mrs. M. A. Keyes, both of Holderness, N.H.

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Deaths in Boston for the week ending Saturday noon, Nov. 2d, 86. Males, 44—Females, 42. Accident, 1—apoplexy, 2—disease of the bowels, 3—congestion of the brain, 1—disease of the brain, 5—bronchitis, 1—cancer, 3—cholera infantum, 2—consumption, 14—convulsions, 2—croup, 2—cyanosis, 1—diarrhœa, 1—dropsy, 4—dropsy of the brain, 2—erysipelas, 1—scarlet fever, 6—typhoid fever, 3—disease of the heart, 3—infantile, 3—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 4—marasmus, 1—old age, 2—paralysis, 1—peritonitis, 2—premature birth, 1—puerperal disease, 1—disease of the stomach, 1—syphilis, 1—stricture, 1—ulcers, 1—unknown, 6.

Under 5 years of age, 27—between 5 and 20 years, 12—between 20 and 40 years, 16—between 40 and 60 years, 21—above 60 years, 10. Born in the United States, 60—Ireland, 20—other places, 6.